Two said and the s									Application or Docket Number					
	PATENT A	RD)	. (99	76	7910	2						
			SMALL TYPE	EN	πτν	OR	OTHER SMALL							
TOTAL CLAIMS			. 17		i	a. , , , , , , , , , , , , , , , , , , ,		RATE		FEE		RATE	FEE-	
FOR NEW YORK			NUMBER FILED		NUMBI	NUMBER EXTRA		BASIC FI	EÉ	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			// minus 20=		•	•		X\$ 9=			OR	X\$18=	a versa	
INDEPENDENT CLAIMS			/ minus 3 =				i	· X40=	1		OR	X80=	and the second	
MU	LTIPLE DEPEN	DENT CLAIM PR	RESENT	•			1.	+135=	1	,:		+270=		
∴ If the difference in column 1 is less than zero, enter "0" in column 2									+		OR	TOTAL	710	
Carry Control of the												OTHER	THAN	
	(Column 1) 9-22 0/ (Column 2) (Column 3)									NTITY	OR	SMALL		
V		CLAIMS REMAINING		HIGH	BER	PRESENT		RATE		ADDI-#	W	RATE:	&ADDI-\$ TIONAL	
EN		AFTER AMENDMENT		PREVI	FOR	EXTRA,				FEE Y	*** ****	Ashirt.	FEE?	
AMENDMENT AT	Total	13	Minus	Q	0	=		X\$ 9=		· · · · · · · · · · · · · · · · · · ·	OR	X\$18=		
LIME	Independent	• 5	Minus	•••	5 01 4114	-2		X40=			OR	X80=	172.00	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=			OR	+270=	·	
••	··· · · · · · · · · · · · · · · · · ·		:					TOTA			00	TOTAL ADDIT, FEE		
		(Column 1)		(Column 2) (Column 3)				ADDIT. FE				AUDII. FEE		
AMENDMENT B		CLAIMS REMAINING		HIGH	KEST BER	PRESENT		7.7.	· [ADD1-			ADDI-	
		AFTER AMENDMENT		PREVI		EXTRA		RATE		TIONAL FEE	:	RATE	TIONAL FEE	
	Total	•	Minus	**		= :		X\$ 9=	٠.		ОЯ	X\$18=		
ME	Independent	•	Minus	***		#		X40=	1		OR	X80=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						_	135-	7		OR	+270=	1	
	+135= TOTAL										OR	TOTAL		
ADDIT. FEE Land ADDIT.												ADDIT. FEE		
		(Column 1) CLAIMS		HIG	mn 2) IEST	(Column 3	ጎ ו		Т	ADDI-	Ì		ADDI-	
M		REMAINING AFTER		PREV	(BER OUSLY	PRESENT EXTRA		RATE	:	TIONAL		RATE	TIONAL FEE	
ME	Total	AMENDMENT	Minus	••	FOR	=	1	X\$ 9=	_	FEE		X\$18=	PEE	
AMENDMENT C	Independent	•	Minus	***		=	1		-		OR	X80=		
Ą	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X40=	+		OR	 		
+135= OR												+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											OR	TOTAL ADDIT. FEE		
***	if the "Highest Nu The "Highest Nurr	mber Previously Pai nber Previously Pai	aid For" (Total o	o orace r Independ	is less the dent) is the	highest numb	per fo	und in the	арр	ropriate bo	x in co	olumn 1.		